

Foster Family Home - Deficiency Report

Provider ID: 1-210072

Home Name: Donna Sapaden, NA

Review ID: 1-210072-1

86-140 Leihoku Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 10/25/2021

Foster Family Home	Required Certificate	[11-800-6]
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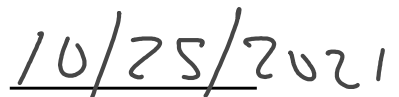
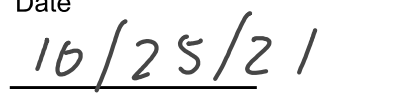
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.


Compliance Manager

Primary Care Giver


Date

Date